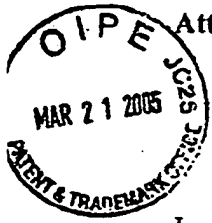


IPW/8



Attorney Docket No. BSCU-011/01US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Bottcher et al.

Serial No.: 10/608,856

Examiner: Bruce Edward Snow

Confirmation No.: 8238

Art Unit: 3738

Filed: June 27, 2003

For: Medical Stent With Variable Coil And Related Methods

U.S. Patent and Trademark Office
 Customer Service Window, Mail Stop Amendment
 Randolph Building
 401 Dulany Street
 Alexandria, VA 22314

TRANSMITTAL OF RESPONSE

Enclosed are the following documents in response to the Office Action mailed
 December 21, 2004 for the above-identified application:

- ☒ [x] Amendment/Response along with copies of the following:
 - 1) A stamped postcard indicating that an Information Disclosure Statement along with copies of references was filed on November 24, 2003;
 - 2) An executed Terminal Disclaimer; and
 - 3) A Certificate of Merger/Name Change document (5 pages)
- ☐ [] Petition for Extension of Time
- ☐ [] Request for Approval of Drawing Changes
- ☐ [] Information Disclosure Statement
- ☐ [] Notice of Appeal
- ☐ [] Associate Power
- ☐ [] Revocation and New Power
- ☐ [] Change of Address
- ☒ [x] Return receipt postcard
- ☐ [] Check in the amount of \$0.00 for the total fee as calculated below
- ☐ [] Other:

03/29/2005 GWOTEN 00000001 501283 10608856
 Sale Ref: 00000001 DAH: 501283 10608856
 01 FC:1814 130.00 DA

The fee has been calculated as follows:

	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	25	- 24 =		x \$50.00	\$50.00
Independent Claims	3	- 5 =		x \$200.00	
If multiple dependent claims are presented, add \$360.00					
Total Amendment Fee					\$50.00
If small entity status is applicable, subtract 50% of Total Amendment Fee					
Other fees: (specify)					
TOTAL FEE DUE					\$50.00

☐ A check for the total fee is attached.

☒ Please charge \$50.00 to Deposit Account No. 50-1283 for the total fee. This paper is being submitted in duplicate.

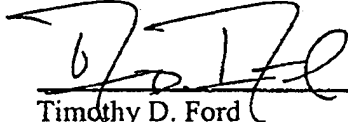
The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283.

Dated: MARCH 21, 2005

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Respectfully submitted,
COOLEY GODWARD LLP

By:


Timothy D. Ford
Reg. No. 47,567

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10608856

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	16	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20 =	* 4
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

03/21/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 25	Minus ** 24	= 1
Independent	* 2	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	24.00
+140=		OR	+280=	
TOTAL		OR	TOTAL	834.00

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	50.
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	3200

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.